

North Carolina Dental Society Foundation Relief Fund Grant Application Form

Date: _____

Applicant information

The North Carolina Dental Society (NCDS) Foundation Relief Fund is a need-based program designed to provide temporary emergency relief to dentists who are not financially self-sustaining due to circumstances beyond their control.

Full name: _____

Current address: _____

City: _____ State: _____ ZIP code: _____

Primary phone: _____ Other phone: _____

E-mail address: _____

Date of birth: _____ Age: _____ Marital status: _____

Dentist's name (if different than Applicant name): _____

State(s) where the dentist practice(d): _____

Number of adults in household, including self: _____ Number of children (under age 26): _____

Applicant Employment status

Current employer (if applicable): _____

Month/year dentist began practicing: _____

If currently working, please indicate:

Type of employment: _____

Number of Days worked per week: _____ Number of hours worked per week: _____

And any other pertinent information about Applicant's work schedule:

Description of hardship and/or emergency

To help the NCDS Foundation better understand your circumstances, please provide answers to the following:

What specific condition, circumstance, or event gave rise to your current need for financial support, and when did it occur? Provide as many relevant details as possible. *(You may write on a separate piece of paper and attach to your application.)*

Provide any supporting documentation to your responses as attachments.

Have you utilized, or do you plan to utilize, any personal benefits or resources to meet your needs? (Other resources available to you may include, but are not limited to, resources through your employer, 401(k) loan, long-term care insurance, disability, etc.). *(Attach documentation regarding these resources.)*

___Yes___No

Please explain the benefits that you plan to use, or why there are no additional resources available to you.

Please provide detail about what, if any, outside sources of support are available to you? *(Attach any supporting documentation to the application, which may include the following: family, community resources, Department of Aging, and VA benefits.)*

Have you or another household member previously applied for a Relief Fund grant from the NCDS Foundation?

___Yes___No

If so, when (month/year)? _____

Acknowledgement

By signing below, I represent and acknowledge the following:

- I am providing this information (above and attached) in conjunction with my application for financial assistance from the NCDS Foundation Relief Fund;
- The NCDS Foundation does not promise to award to me any funds in connection with this application;
- I may be asked to provide clarification or additional information to supplement this application;
- Grants are awarded at the discretion of the NCDS Foundation Grant Review Committee pursuant to the Rules of the NCDS Foundation Relief Fund (“Rules”);
- I have received a copy of the Rules, and I acknowledge and agree to their terms and conditions, including, but not limited to, the following: no Grant will be awarded based on an incomplete application, and my application will be denied if I knowingly provide inaccurate or misleading information in connection with this application.

Check that you agree to the accuracy of details in this application:

_____By checking this box, I acknowledge that I have applied for (or otherwise sought) all funding resources that may be available to me.

_____By checking this box, I acknowledge that the information presented in this application is accurate and true to the best of my knowledge.

Print name: _____

Signature: _____

Date: _____

Application checklist

Before submitting your application, check below to indicate that you have completed the following:

_____Complete Appendix A and Appendix B below.

_____Sign and date the application.

Attach any supporting documentation to the application including, but not limited to:

- Tax returns
- Checking/savings account information
- Social Security benefits
- Medicare/Medicaid benefits
- Veterans benefits
- Medical records related to this application
- List of applications made for outside funding sources including federal, state and local governments. Also include responses from these entities, if applicable.

Incomplete applications will not be considered for funding by the Grant Review Committee.

Once the application is completed and all accompanying information is attached, send the documents to the following address: **NCDS Foundation, 1600 Evans Road, Cary, NC 27513; Attention: Sharon Dcosta.**

If you have any questions about the NCDS Foundation Emergency Relief Fund application process, contact Sharon D'costa, Fund Development and Program Director, at 919.439.2377 or sdcosta@ncdental.org

Appendix A: Calculation of monthly household net income	
Monthly household income <i>(provide supporting documentation when available)</i>	
Salary <i>(DO NOT INCLUDE NCDS FOUNDATION Relief Fund grant)</i>	\$
Partner/spouse work income <i>(monthly income obtained by partner, spouse, or other family member in your household):</i>	\$
Additional income <i>(DO NOT INCLUDE NCDS FOUNDATION Relief Fund grant) (other monthly income obtained by you through additional jobs, alimony, child support, disability, insurance payments, etc.)</i> Please itemize with specific amount:	\$
Veterans benefits	\$
Social security benefits	\$
Insurance benefits <i>(including health, accident, and disability)</i> Please itemize with specific amount for each type of insurance:	\$
Retirement distributions (IRAs, Keogh, etc.) Please itemize with specific amount for each retirement plan	\$
Interest and dividends	\$
Other income <i>(DO NOT INCLUDE NCDS FOUNDATION Relief Fund grant)</i> Please itemize with specific amount:	
TOTAL monthly household income	\$
Monthly household expenses <i>(provide backup documentation when available)</i>	
Housing <i>(includes mortgage/rent, housing fees, and real estate taxes)</i>	\$
Utilities <i>(includes gas, electric, water, sewer, primary phone, and basic cable)</i>	\$
Food <i>(includes groceries, meals out, snacks, and beverages for the entire household)</i>	\$
Transportation <i>(includes monthly car payment and gas, and/or public transportation costs)</i>	\$
Medical not covered by insurance <i>(includes regular monthly out-of-pocket medical and/or dental expenses, and over-the-counter or prescription medication)</i>	\$
Insurance payments <i>(includes, but is not limited to: health, life, auto, home, disability – short-term, long-term)</i> Please itemize with specific amount for each type of insurance:	\$
Childcare <i>(includes out-of-pocket expenses for childcare not subsidized for minors/elders in your household during work hours)</i>	\$
Other Please explain and itemize with specific amount:	\$
TOTAL monthly household expenses	\$
NET MONTHLY HOUSEHOLD INCOME	
<i>(total monthly income minus total monthly expenses)</i>	\$

Appendix B: Calculation of net assets and liabilities	
Assets	
Current checking account balance (please list all banks and checking accounts) Bank name(s):	\$
Current savings account balance (please list all banks and savings accounts) Bank name(s):	\$
Real estate	\$
Life insurance (cash value) List the beneficiaries of each policy below:	
Investment accounts (stocks, bonds, mutual funds, etc.)	\$
Business interests (including dental practice) Please explain and itemize:	\$
Automobiles	\$
Retirement accounts (401(k), IRA profit sharing, pension, annuities, deferred comp arrangements, etc.)	\$
Notes and other receivables	
Tangible personal property (furnishings, jewelry, furs, antiques, and collectibles)	\$
Other Please itemize with specific amount:	
TOTAL ASSETS	\$
Liabilities	
Auto loan(s)	\$
Mortgage	\$
Credit card debt	\$
Other debt <i>(includes child support, alimony, garnishments, IRS repayments, student loan repayment, other loans, etc.)</i>	\$
Other liabilities not included in other sections Please explain and itemize with specific amount:	\$
TOTAL LIABILITIES	\$

April 19, 2021